

Alkaline Syrup.—Bicarbonate of soda, $\frac{3}{4}$ ss; simple syrup, $\frac{3}{4}$ viii; dose, a teaspoonful, morning and evening, in a glass of water. *Alkaline Powder.*—Carbonate of soda, in an impalpable powder, one part; fine starch, ten parts. For external use only.—*Dublin Quarterly Journal*, from *Annuaire de Thérapeutique*, 1846.

29. *Ammonia as a Remedy in Asthma.*—M. RAYER has recently published his experience of the effects of strong water of ammonia applied to the velum palati for the cure of asthma. M. Monneret and others had previously employed this mode of treatment, but they applied the caustic to the back part of the pharynx, and in some instances death had nearly ensued from suffocation, owing to the action of the volatile alkali on the glottis. M. Rayer's method of employing this remedy is as follows:—he dips a roll of lint, about the length of the middle finger, in a mixture of four parts of strong aquæ ammoniæ and one of water, pressing out the superfluous liquid, and immediately applies it for a few seconds to the velum palati, as if about to cauterize the part. The patient is immediately seized with a feeling of suffocation; a fit of coughing ensues, with much expectoration, and this is soon followed by a great feeling of comfort and facility of respiration. Should any return of the fit occur on the day following, the ammonia is again applied. The degree of tolerance of this remedy by patients varies very much; it is, therefore, always well to use it weak at first, which is easily done by moving the piece of lint, dipped in the solution, three or four times rapidly through the air, and then smelling it, when the strength is readily ascertained. In M. Rayer's experience, extending to over a hundred cases, a single application rarely failed to afford relief, and in many instances prevented a return of the attack for three or four months. This mode of treatment is alone applicable to simple or idiopathic asthma, that form which is so often dependent on emphysema, and is attended with catarrh; it has, nevertheless, afforded relief in some cases of symptomatic asthma.—*Annales de Thérapeutique*, Nov. 1845.

30. *Belladonna in Orchitis.*—An ointment consisting of one part of the extract of belladonna to three of lard, has been used with much benefit by DR. PHILLIPPE, chief surgeon to the Military Hospital at Bordeaux, for the cure of inflammation of the testicle, whether arising from direct injury or as the result of urethritis. He employs it in every stage of the disease, but states that he finds it most useful when the acute inflammatory symptoms have been previously subdued by antiphlogistic treatment, or in cases where induration and thickening of the epididymis remain after other treatment. About half a drachm of the ointment, prepared as above described, is rubbed into the scrotum twice daily, the inunction being continued for five minutes each time. The mean period of cure was five days in thirty cases thus treated. Dr. Phillippe also employs this ointment with most beneficial results in the treatment of buboes.—(*Journal des Connaissances Méd.*, Oct. 1845.)

31. *Pathological Characters of the Blood as it exists in the Exanthemata.* By WILLIAM CAMPS, M.D.—The fibrine of the blood in the exanthemata is seldom or never increased; it often exists in its normal proportions, and sometimes it is diminished far below its proper quantity. The globules, or blood-corpuscles, on the other hand, are found to be increased beyond their normal proportion in scarlatina and rubeola, and more so in these two affections than in variola and varioloid disease.

M. Andral has shown that the pustules in variola do not produce, nor are accompanied with an increase of the proportion of the fibrine of the blood; and that with every possible proportion of the globules or blood-corpuscles, whether they be in excess or in diminished quantity, an eruptive fever may equally exist, in all its varieties of form and of severity.

MM. Andral and Gavarret have analyzed the blood in five cases of variola attended with a confluent eruption. Twelve venesectiōnes were performed on the subjects of these five cases of variola, at different periods or stages of the disease, yet in all these analyses the globules or blood-corpuscles differed but slightly from their healthy proportion, whilst the quantity of the fibrine varied considerably, yet the increase above the physiological proportion was but trifling.

The same observers have analyzed the blood drawn in two cases of varioloid disease; in one the venesection was performed on the second day of the eruption, and in the other on the third day. In both these cases the fibrine was sensibly diminished, whilst the blood-corpuses varied but little from their normal standard.

MM Andral and Gavarret state, that in rubeola the proportion of fibrine never exceeds its proper limits, nor does it fall much below them; and in most cases the blood-corpuses are somewhat above their normal quantity. The venesections were performed on the first, second, and third days of the appearance of the eruption, except in two instances, in which the venesections were performed after the disappearance of the eruption.

They have also made four analyses of the blood drawn from three patients affected with scarlatina. In two of these bleedings the blood, on analysis, yielded a larger proportion than usual of both the fibrine and the blood-corpuses. The venesections were performed in two instances on the second day of the eruption, and in one instance during convalescence.

Lecanu has made analyses of the blood in scarlatina, which corresponded in their results with the observations of Andral and Gavarret, and proving that the blood-corpuses were in greater proportion than in the normal state, although the proportion of fibrine was not accurately ascertained.

Whilst many cases of exanthemata proceed on through their entire course without any severe complication attending them, and throughout assuming a favourable form or type in their progress towards a favourable termination, we meet with other cases which, either from their commencement or during their course, are accompanied with such serious complications, or assume so unfavourable a form or type, as that it appears probable that life must fall a victim to the disease, so much is it threatened by the prostration of the vital powers. In these severe cases of eruptive fevers, the blood has been observed to become thinner, and of less consistence, containing much less of fibrine; the opposite to that state of the blood which is observed in the phlegmasiae, where the proportion of the fibrine is usually greater than natural. Such a deficiency in the proportion of the fibrine, whenever it occurs, involves considerable alterations in the physical characters of the blood. The serum of the blood appears small in quantity in proportion to the clot, and they are not so distinctly separated from each other as in healthy blood, or as in blood drawn in cases of phlegmasiae. The clot, too, is large, and sometimes occupies the extent of the vessel into which it has been received; and besides, it is never cupped, as it commonly is in the phlegmasiae, and its consistence is usually so slight, that it may be very easily torn or broken down on pressure.

Another important character of the blood, negative it is true, which has been observed in this class of diseases, is the absence of the buffy coat. M. Andral states that he has never found this present in rubeola, scarlatina, or variola, except in cases where there had been some well-marked inflammatory complication attending them. He adds, that in variola, when the eruption is very confluent, and especially when there are collections of pus existing beneath the integument, or in some organ, the buffy coat may be found on the surface of the clot; but this buffy coat, instead of being firm and tenacious, is very soft and gelatinous. If the necessary condition for the production or formation of the buffy coat be a certain excess of the fibrine in proportion to the blood-corpuses, we can easily understand how it may be absent in blood drawn from patients affected with diseases in which the fibrine is almost never in excess, but is found either in its normal proportion, or diminished below that. Andral supposes that this diminution of the fibrine is owing to an influence or cause, of the nature of a poison, which, if it be only slight, must exert a certain effect on the blood, although it may not be appreciable; whereas, if this poisonous influence or cause act in a stronger degree, its effect on the composition of the blood then becomes evident, both in its physical and chemical characters—(*London Med. Gaz.*, Oct., 1846.)

32. *Microscopical characters of Cancer.*—M. SEDILLOT, in a communication read to the French Academy of Sciences, on the 14th Sept. last, sums up his researches on cancer in the following propositions:—